Vital Signs Town Hall Teleconference
Expanding Access to Effective Programs for Young Children with ADHD
Q & A
May 10, 2016
2:00 pm ET

Matthew Penn: Great. Thank you so much to Jim and thank you all to the presenters for these really great presentations.

As the operator said please note that if you would like to ask a question you can press Star 1 and send your name. And the operator will let you know when it's your turn to ask your question.

And please if you could address your question to a specific presenter so that we know who you would like to have answer the question.

And I encourage you to take advantage of this opportunity to share your own strategies, lessons learned, challenges, and success stories.

You can pose questions to our presenters or to each other -- the group on the call. We have quite a few states and organizations on the call and this is a really great forum for you all to discuss, collaborate and question different methods, practices, and experiences with access to effective programs for young children with ADHD.

And I will also note that we have Dr. Sue Visser in the room with us. Sue is the lead author of the MMWR Report that is at the core of our conversation today and she can certainly address any questions you may have about that report.

So, from there, operator, do we have anyone in the queue for questions?

Coordinator: There are no questions at this time. Once again, it's Star 1 if you have a question.

Matthew Penn: Well, maybe to start us off - and this is a question for Lee Ann Cook.

Physicians and families may be concerned about the effort required to complete parent training programs. So the question is, how has the community responded to Incredible Years and how have you sustained such high rates of family participation in Pennsylvania?

Lee Ann Cook: That's a great question.

So I would say that our providers of the Incredible Years Program have a lot of tools in their toolkit for engaging parents in the program and retaining them in the program. We are certainly always keeping a very close eye on our retention rates because it is hard for parents to complete and even the 14 week prevention model.

Some of the key components across all of the providers that have helped them to be successful include building in supports for transportation. So paying for parent's transportation to and from groups.

Providing meals as part of group implementation has been really critical. Providing other incentives that make the group feel fun and rewarding. This is actually a core component of Incredible Years implementation. Small, you know, very inexpensive incentive prices. Refrigerator magnets. Things that reinforce some of the ideas that are being taught during the groups. Little ways that parents feel rewarded for their participation.

The other component I would say is the importance of the social connections that parents make when they're in the group. Parents who feel connected to other parents and build relationships with other parents tend to come back. And so one of the components of the Incredible Years Program is allowing parents to have time to share with other parents and make those social connections.

Matthew Penn: That's great. Thank you so much.

Operator, do we have any folks in the queue for questions?

Coordinator: Yes. I have a question from Katrina Hollingsworth. Your line is open.

(Katrina Hollingsworth): Hi there. This question is for Dr. Peacock and Dr. Visser. The *Vital Signs* report highlighted the gold standards in behavioral therapy programs such as PPP and the Incredible Years. However, what can families do when they do not have access to this particular gold standard programs?

Dr. Georgina Peacock: So that's really a great question. This is Dr. Peacock.

And really what they can do is they can ask providers in their community a number of questions and we actually can send a resource into the - online.

On our Web site there's a resource that guides parents through and providers through a list of questions that they can ask to see if the provider that they are interviewing can provide the kind of parent training that is available. And some of those things that they're looking for is providers who understand how to talk about making positive - promoting positive changes in their children's behaviors.

So, things like positive reinforcement, learning how to set limits, and give appropriate consequences for inappropriate behaviors, also how to improve the relationship between the parent and the child and really focusing on positive parent child interaction.

And Maybe Dr. Visser you know the links to that Web site.

Dr. Sue Visser: You know what we'll do, so on the – on the actual *Vital Signs* fact sheet we'll link to it on the second page. And you can click through it there. And also I think we'll put a slide - a supplemental slide up in the Town Hall resource section that will have some links to see. And we'll include that one as well.

(Katrina Hollingsworth): Thank you very much.

Matthew Penn: Great. Thank you. Operator, do we have anyone else in the queue for questions?

Coordinator: Yes, we have a question from (Dr. Barbara Howard). Your line is open.

(Dr. Barbara Howard): Hi. I have a question for Ms. Cook as well as a couple of comments.

I'm wondering what the level of training of your providers was before they were trained on the Incredible Years. We you using people who are social workers or psychologists to start with?

And then I have two comments. Should I give those first?

Lee Ann Cook: Sure.

(Dr. Barbara Howard): Okay. So the first comment is that Dr. Jane Foy in North Carolina spearheaded an ability for Medicaid to pay for 24 visits without a diagnosis. And she did this through working with Medicaid -- in a collaborative effort with Medicaid -- and I think that that's a great approach to making this a billable service because you don't require diagnosis to do that. And I think we're all in favor of avoiding diagnosis too early. So, that's something to look after.

I just want to mention that here in Maryland we're about to start a project where we will be training primary care providers -- meaning physicians -- using an online screening tool called CHADIS (Child Health and Development Interactive System) to determine adverse childhood experiences of the parents and use that as a way to also engage families in positive parenting aspects with online support. And we'll be interested to see how that works out given the shorter timeframe, but perhaps greater generalized ability to be used around the country

Lee Ann Cook: Thanks a lot for those comments. I definitely appreciate having that information -- 24 visits without diagnosis is a nice strategy.

In terms of the requirements for the facilitators of the Incredible Years through our initiative, we are encouraging that those clinicians be master's level counseling professionals when possible. The model does allow room for lower qualifications for the prevention component.

So there is a distinction between if you're doing that 14 week prevention model. For parents of kids who are not diagnosed the educational requirement of the facilitator is lower -- could be a bachelor's level person, just with a background in working with families or kids. But if you're doing that intervention model where you're implementing the parent component and the child component together with kids who have diagnoses, then we recommend that the facilitators have the masters.

(Dr. Barbara Howard): Great. Thank you.

Lee Ann Cook: Yes.

Matthew Penn: Thank you so much. Operator, do we have anyone else in the queue for questions?

Coordinator: There are no other questions at this time.

Matthew Penn: Okay, we have one here for Jim Martin. Jim, what are the plans to expand access to PPP beyond the original target group of the demonstration project in Maine?

Jim Martin: Thank you for that question, and that is a good one.

We are waiting to see the effectiveness of this pilot program before we consider expanding PPP at a broader level. Again, the benefit of this program is we actually have an opportunity to evaluate some other populations that have an overlap in the children and the families that we're currently working with.

So we're going to be closely monitoring those different measures, some that I put in to the presentation and some others that we've added. And as we see success of the pilot -- assuming we see success -- we are considering how we're going to expand. But first we would like to see this project move forward and to see if we achieve what we've set out to do from the beginning.

Matthew Penn: That's great. So how will the expansion reflect the lessons learned from the current project?

Jim Martin: That is a great question. Thank you for asking.

We would like to see this - the current partners that we have on board are targeting only certain jurisdictions within the state. We weren't able to offer this service statewide initially. So we are hoping that with the 200 families that we work with in the initial two years that we'll actually be able - and if we see success with those families, that we'll be able to expand this to other parts of the state so that the service is available across our whole geography.

And, again, if the parenting component of this is - in the evaluation is part of the success that would be a piece of our investment as a state to make sure that that's available to not only address the child welfare functions, but to help address some of the other issues such as ADHD.

Matthew Penn: Great. Thank you so much.

And as a reminder, folks, if you would like to ask a question of the presenters or Dr. Sue Visser, the lead author of the MMWR Report, please press Star-1 and provide your name and that will get you in the queue. And you have an opportunity to ask anything of this excellent panel of experts we have assembled today.

I actually have another question here. This is for Dr. Visser.

Do you have any idea why Medicaid recipients had a higher rate of behavioral health claims than the private payers?

Dr. Sue Visser: I think that was one of the fascinating findings in the MMWR that we can't fully explain, but we do think that this is partially attributable to the federal programs that we see that fund states insurer, a system of care for children with mental and behavioral concerns, those grants that come from SAMHSA. We'll only focus on trying to ensure that children who have mental and behavioral health problems receive behavioral interventions. And so that could partially explain it.

We also know that children in the Medicaid population also are more likely to have a whole host of mental and behavioral conditions and so it's possible they also are more severe and therefore are more likely to be connected with (those folks).

Matthew Penn: And the dynamics that you see with the Medicaid programs, do you see some of those dynamics as things that could be translated into the private payer world?

Dr. Sue Visser: Certainly. You know, one of the tenets of system of care is to really ensure that children who have behavioral and mental health needs are treated in a way that you would see in terms of physical health conditions where you have care coordination and sensitivity to cultural norms and expectations. And so, I think that some of those tenets certainly could be translated to the private payers.

Matthew Penn: Thank you.

So, folks, we have just a couple more minutes. If you have a question that you would like to ask of our presenters or Dr. Visser, please press Star-1 and provide your name when prompted. That will get you in the queue so that you can ask your question.

Operator, do we have any folks sitting in the queue for questions?

Coordinator: No, sir. There are no questions.

Matthew Penn: Okay. So, this is a question for Lee Ann Cook.

What has been the most critical success factor in bringing your respective parent training program to your community?

Lee Ann Cook: So I would say that it's the partnership that we have in our state and really the leadership provided by the Pennsylvania Commission on Crime and Delinquency and the Department of Human Services in, you know, thinking about how we keep kids out of juvenile - the juvenile justice system via prevention and early intervention. So, you know, this commitment that we have in the state to funding, you know, startup grants so that nonprofits can get trainings in these gold standard models.

You know, training is expensive. The startup is expensive getting certified and these models can - you know, it takes time so the financial support that we have through this partnership with the Department of Human Services and PCCD has just been really critical.

I think the other piece of that is that we've had, you know, the EPISCenter there to monitor the work and help the providers learn to utilize data to understand how they're doing and to correct early in the beginning of their process so that they really get off to a strong start and can sustain the work.

Matthew Penn: Great. Thank you so much.

Well, we are just shy of the top of the hour, but before we close please let us know how we can improve these teleconferences. Email your suggestions to ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback, all one word, @cdc.gov.

We certainly hope you'll be able to join us for next month's town hall, on Tuesday, June 14, when we will focus on legionnaire's disease.

Thank you so much to our presenters and to everyone that attended today's call. And that's all we got today. Thank you so much. Bye-bye.

Lee Ann Cook: Thank you.

Coordinator: Thank you.

That concludes today's conference. You may disconnect at this time.

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